

**FORM 1: RANDOMISATION (page 1 of 2)**

*INSTRUCTIONS: Eligible patients should be registered by phoning the IKA trial office (+31-20-3462544), fax (020-3462525) or email (trialbureau@ikca.nl).*

*Please complete this form after randomisation and send it to IKA trial office, P.O. Box 9236, 1006 AE AMSTERDAM, The Netherlands.*

SEQUENTIAL IDENTIFICATION NUMBER	<input type="text"/>	PATIENT INITIALS	<input type="text"/>
DATE OF BIRTH (DD-MM-YYYY)	<input type="text"/>	INSTITUTION	<input type="text"/>
SEXE: 1=M, 2=F	<input type="text"/>	PHYSICIAN	<input type="text"/>
INSTITUTION RECORD NUMBER	<input type="text"/>		

**ELIGIBILITY CRITERIA**

Histologically proven squamous cell carcinoma (WHO grade 1-3)?

yes	<input type="text"/>	no	<input type="text"/>	01
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Are there distant metastases?

no	<input type="text"/>	yes	<input type="text"/>	02
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Was there macroscopic residual disease?

no	<input type="text"/>	yes	<input type="text"/>	03
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What is the WHO performance status?

0-2	<input type="text"/>	3-4	<input type="text"/>	04
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Surgery performed?

yes	<input type="text"/>	no	<input type="text"/>	05
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Is the age of the patient > 18 years?

yes	<input type="text"/>	no	<input type="text"/>	06
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Informed consent signed by the patient?

yes	<input type="text"/>	no	<input type="text"/>	07
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Has the Quality of life questionnaire been completed?

yes	<input type="text"/>	no	<input type="text"/>	08
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Women: Is the patient pregnant or lactating?

no	<input type="text"/>	yes	<input type="text"/>	09
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Women: Does the patient practice an effective contraceptive method?

yes	<input type="text"/>	no	<input type="text"/>	10
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Do all conditions (psychological, familial, sociological or geographical) allow adequate compliance with the study protocol and follow-up schedule?

yes	<input type="text"/>	no	<input type="text"/>	11
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Previous malignancies, except basal cell carcinoma of the skin or in situ carcinoma of the cervix or superficial bladder cancer (pTa)

no	<input type="text"/>	yes	<input type="text"/>	12
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Was patient previously treated for this cancer (except surgery)?

no	<input type="text"/>	yes	<input type="text"/>	13
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Has the patient been treated with induction chemotherapy, concurrent or adjuvant chemotherapy?

no	<input type="text"/>	yes	<input type="text"/>	14
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Patients are eligible when all the answers are within this block

When was surgery performed?

dd-mm-yyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	15
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When will radiotherapy start?

dd-mm-yyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	16
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**STRATIFICATION**

What was the final T-category (pT) (1=T1, 2=T2, 3=T3, 4=T4a, 5=T4b)

<input type="text"/>	17
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What was the final N-category (pN) (0=N0, 1=N1, 2=N2a, 3=N2b, 4=N2c, 5=N3)

<input type="text"/>	18
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Date

Investigators signature

## FORM 1: RANDOMISATION (page 2 of 2)

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SEQUENTIAL IDENTIFICATION NUMBER

PATIENT INITIALS

DATE OF BIRTH (DD-MM-YYYY)

INSTITUTION

INSTITUTION RECORD NUMBER

PHYSICIAN

Were there lymph node metastases with extranodal spread? (0=No, 1=yes)

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Were there positive resection margins? (0=No, 1=yes)

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### INFORMATION GIVEN BY IKA TRIAL OFFICE

The patient is randomised to receive:

1 = arm 1: conventional radiotherapy

2 = arm 2: accelerated radiotherapy

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Date of randomisation

dd-mm-yyy

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Patient sequential identification number

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Date

Investigators signature